State of Rhode Island and Providence Plantations					
Department of State - Business Services Division					
Annual Report for the y Limited Liability Compa  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	ear: <u>2017</u> Iny 1 - November	1		_	SECRETARY OF STA
1. Entity ID Number	2. Exact name of the Limited Liability Company				33.7
001660882	Dragos Cucu, LLC				
3. NAICS Code 621111	Brief description of the character of business conducted in Rhode Island     Physician office for temporary coverage for hospitals in need of intensive care services.				
5. State of Formation RI			_		
6. Principal Office Address			City	State	Zip
260 Sage Trail			North Kingstown	RI	02852
7. Mailing Address of Limited Lia	bility Company	and Name or Title			
Contact Name Dragos Cucu			Contact Title owner		
Street Address 260 Sage Trail			City North Kingstown	State RI	<sup>Zip</sup> 02852
8. List ALL managers (names ar	nd addresses) of	the Limited Liabi	lity Company, IF APPLICABLE	- DO NOT LIST M	IEMBERS
Manager Name  OYGOS CUCU			Manager Name		
Street Address Sage trail			Street Address		
CHY Worth Kingstown	State RT	098e3	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I dec statements, and that all staten				ny accompanying	schedules and
Name of Authorized Person Date				Date	
Dragos Cucu				08/07/20	18
Signature of Authorized Person		siquid	NUMENT HERE	-	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

AUG 1 0 2018

FORM 632 - Revised: 10/2017